APPLICATION CHECKLIST TO UPGRADE/EXTEND/REACTIVATE YOUR CAREER EDUCATION CERTIFICATE

1.	lf y	ou are requesting an upgrade from a Temporary Certificate the following must be submitted:							
		Application Form Completed Application for Missouri Career Educator Certificate Upgrade/Extension/Reactivation. Section II, parts A, E, and F must be completed by the employing Missouri school district.							
		Original Transcripts Original transcripts showing completion of all required coursework must be submitted.							
		NOTE: Appropriate level of certificate (Initial or Career) will be determined by Educator Certification.							
2.	If you are requesting an extension of your Initial Career Education certificate (ICE) or VOC-I certificate the following must be submitted:								
		Application Form Completed Application for Missouri Career Education Certificate Upgrade/Extension/Reactivation. Section II, parts B, F, and G must be completed by the employing Missouri school district. There is no fee required for this type of request.							
3.		ou are requesting your certificate to be upgraded to a Career CEC certificate, the following must be bmitted:							
		Application Form Completed Application for Missouri Career Education Certificate Upgrade/Extension/Reactivation. Section II, parts C, F, and G must be completed by the employing Missouri school district.							
		Processing Fee If you hold a VOC-I or an ICE certificate a \$35 check or money order made payable to "Treasurer, State of Missouri," is required.							
4.	lf y	ou are requesting a reactivation of your inactive certificate the following must be submitted:							
		Application Form Completed Application for Missouri Career Education Certificate Upgrade/Extension/Reactivation. Section II, parts D, E, and F must be completed by the employing Missouri school district. An up-to-date background check (fingerprint cards) may be required.							
5.		you currently hold a Career CEC certificate and are requesting a high quality Career CEC, the following ust be submitted:							
		Application Form Completed Application for Missouri Career Education Certificate Upgrade/Extension/Reactivation. Section II, parts D, E, and F must be completed by the employing Missouri school district.							
		Documentation Two of the three must be documented: ✓ Verification of 10 years of approved teaching experience; or ✓ Master's degree in education or in an area of certification. Official transcripts MUST be submitted showing degrees conferred; or							
		✓ National Board Certification. Supporting documentation MUST be submitted							
		PLEASE BE SURE THAT YOUR APPLICATION PACKET IS COMPLETE! An incomplete packet will not be processed. Mail the complete application packet to:							
		Educator Certification Post Office Box 480 Jefferson City, MO 65102-0480							

You can check the status of your application on our website at: http://dese.mo.gov/divteachqual/teachcert/

http://dese.mo.gov



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION DIVISION OF TEACHER QUALITY AND URBAN EDUCATION EDUCATOR CERTIFICATION POST OFFICE BOX 480

JEFFERSON CITY, MISSOURI 65102-0480

(573) 751-0051

APPLICATION FOR MISSOURI CAREER EDUCATION CERTIFICATE UPGRADE/EXTENSION/REACTIVATION

	SECTION I: TO BE COMPLETED BY APPLICANT										
A. V	ITAL INFORMATION										
SOCIAL SECURITY NUMBER*						OUT-OF-STATE APPLICANT FEE					
						ENCLOSE A \$50.00 CHECK OR MONEY ORDER (made payable to Treasurer, State of Missouri)					
CURRENT NAME (LAST, FIRST, MIDDLE INITIAL)						INCLUDE A \$	35 CHECK OR MONEY ORDER				
					50D II		e to Treasurer, State of Missouri)	OFDTIF			
ALL N	ANDEN/EODMED NAMES						NITIAL OR VOC-I TO A CAREER	CERTIF	ICATE		
ALL MAIDEN/FORMER NAMES						ADDRESS					
STRE	ET ADDRESS				CITY,	STATE, ZIP CODE					
DATE	OF BIRTH	MALE				PHONE NUMBERS					
		MALE	Ш	FEMALE	Ш	H()	W ()				
В. І	PURPOSE OF APPLICATION: O	Check appro	opriate	box							
	. I request that my classification be		-		o an Ini	tial (Section II, parts A.	F. and G must be completed by	a progra	ım		
	director or school district official).					uai (Cooudin ii, pario / i,	. , aa &aa. 20 00p.0.00 2,	. p. og. c			
□ 2	I request an extension of my Initial program director or school district						parts B, F, and G must be comple	eted by a	a		
 □ 3	. •	•		-		• • •	Ed Certificate (CCEC) (Section	II. parts	C. F.		
	3. I request that my classification be upgraded from VOC-I, VOC-II, or ICE to a Continuous Career Ed Certificate (CCEC) (Section II, parts C, F, and G must be completed by a program director or school district official). ONLY VOC-I and Initial certificate holders, must include a \$35										
check made payable to "Treasurer, State of Missouri".											
4. I request a reactivation of my Career Education Certificate (Section II, parts D, F, and G must be completed by a program director or school district official). There is no fee required for this type of request. An up-to-date background/fingerprint check may be required.											
olistrict official). There is no fee required for this type of request. An up-to-date background/fingerprint check may be required. 5. I request a high-quality CCEC; thereby exempting me from certain requirements. (Section II, parts E, F, and G must be completed by a											
	program director or school district official.)										
C. PROFESSIONAL CONDUCT (ALL questions must be answered)											
Plas											
i ica	se answer the following questions.	. If any of the	e questi	ions are ans	wered y	∕es, please provide a se	parate statement of explanation				
	٠.	•	•		•			YES	NO		
1.		convicted or er	ntered a	a plea, includi	ing a ple	ea of <i>nolo contendere</i> , to	any felony or misdemeanor		NO		
	Have you ever been charged with, c	convicted or er ed or suspend	ntered a	a plea, includi cept minor tra	ing a ple	ea of <i>nolo contendere</i> , to ations? If yes, explain full	any felony or misdemeanor ly.	YES			
1.	Have you ever been charged with, c whether or not sentence was impose Have you ever been denied a profes Has your professional license (exce	convicted or er ed or suspend ssional license pt for driver's	ntered a ded, exc e, certifi license)	a plea, includi cept minor tra cate, permit,), certificate,	ing a ple iffic viola credent permit, o	ea of nolo contendere, to a stions? If yes, explain full ital, endorsement, or registeredential, endorsement,	any felony or misdemeanor ly. stration? or registration ever been	YES			
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SECTION II. RECOMMENDATION FROM EMPLOYING PROGRAM OR SCHOOL DISTRICT: (A-G to be completed by school official)								
A. To be completed if applicant is upgrading their Temporary classification. Original transcripts must be submitted verifying completion of the requirements.								
Applicant has completed all the requirements of their Temporary	Authorization Certificate	•						
B. To be completed if applicant is extending the Initial or VOC								
Applicant has completed years of Department of Ele	mentary and Secondary	Education (DESE) approv	ved teaching experience					
\qed Applicant has demonstrated continued progress with his/her prof	essional development pl	an that is on file with our	district.					
Applicant has completed contact hours of appropriate professional development.								
Applicant has successfully participated in the yearly performance based teacher evaluation program.								
Applicant has been mentored for two-years.								
Applicant has participated in a beginning teacher assistance program.								
C. To be completed if applicant is upgrading the Initial Career Education, VOC-I, OR VOC-II certificate to a Career CEC classification. *ICE and VOC-I certificate holders must attach a \$35 check or money order made payable to Treasurer, State of Missouri.								
Applicant has completed four (4) years of Department of Elemen	tary and Secondary Edu	cation (DESE) approved	teaching experience.					
Applicant has developed and implemented a professional develo	pment plan that is on file	with our district.						
☐ Applicant has participated in and successfully completed a two-y	ear mentor assistance p	rogram.						
Applicant has participated in a beginning teacher assistance pro	gram.	•						
Applicant has completed 90 contact hours of appropriate profess	-							
Applicant has successfully participated in the yearly performance		on program of this district						
D. To be completed if applicant is reactivating their inactive co		7 - 3						
Applicant has/will complete 24 contact hours of professional development within six months prior to or after renewal or reactivation of this certificate. *Applicant understands that the yearly professional development hours are in addition to the 24 contact hours.								
E. To be completed if applicant is requesting a high quality Career CEC classification.								
Applicant has demonstrated continued progress with his/her professional development plan that is on file with our district AND TWO OF THE THREE FOLLOWING ITEMS:								
Applicant has completed ten (10) years of Department of El	Applicant has completed ten (10) years of Department of Elementary and Secondary Education (DESE) approved teaching experience.							
Applicant has completed a master's degree.								
Applicant has completed certification from a national board	that has been approved	by the State Board of Edi	ucation.					
An original transcript verifying conferment or included with the application if required.								
	e completed by scho	ol official for all upgr	ading applicants.					
F. Verification of approved teaching experience – To be completed by school official for all upgrading applicants. Teaching experience must be contracted and should be at least half-time employment. Substitute teaching and serving as a teacher's aide or assistant does not qualify as teaching experience. Document here total years of teaching experience, which includes those years completed at previous district(s) as well as those years completed at this district.								
Total teaching experience at previous dist	rict(s)	years	months					
Total teaching experience at this d	listrict	years	months					
Total approved teaching exper		vears	months					
G. To be completed by school official for all applicants								
I verify that		has provided document	ation for all of the above information					
and the information is true and complete to the best of my knowledge.								
SIGNATURE OF SCHOOL OFFICIAL	DATE	NAME OF SCHOOL OFFICIAL	- -					
SCHOOL DISTRICT		TITLE OF SCHOOL OFFICIAL						
SCHOOL ADDRESS								
SCHOOL TELEPHONE	EMAIL ADDRESS							
PRIVATE OR PAROCHIAL SCHOOL IS ACCREDITED BY:								

PLEASE RETURN THIS FORM TO
EDUCATOR CERTIFICATION, POST OFFICE BOX 480, JEFFERSON CITY, MISSOURI 65102-0480.
ORIGINAL SIGNATURE REQUIRED – NO FAXES OR PHOTOCOPIES!
http://dese.mo.gov

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